Form 990

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

20**09** 

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

A F	or the	e 2009	calen	dar year, or tax year beginning	08/28, <b>2009</b> ,	and ending	_	06.	/30 <b>,20</b>	10	
Вс	heck if app	plicable	Please	C Name of organization TC4 TRUST			D Employ	er identific	ation nun	nber	
	Addre	:58	use IRS label or	Doing Business As			36-7	519719	)		
	7 1	change	print or	Number and street (or P O box if mail is not d	elivered to street address)	Room/suite	E Telepho	ne number			
x	Initial	-	type See	5810 KINGSTOWNE CENTER D	RTVE	1,42	(708)	366-7	662		
<del>  ^``</del>	┪		Specific	City or town, state or country, and ZIP + 4		142	1,,00,	300 /	002		
-	Termiz Ameni		Instruc- tions	•	1		G Gross re		42	720	070
-	return Applic			ALEXANDRIA, VA 22315-571			H(a) is this				, 078.
L	pendir			me and address of principal officer MICI			affiliate	s?	<b></b>	Yes	X No
			5810	KINGSTOWNE CENTER DR, #1	42 ALEXANDRIA, VA	A 22315	H(b) Are all			Yes	∐ No
<u>l</u>	Tax-ex	empt st	atus	X 501(c) ( 4 ) ◀ (insert no ) 49	147(a)(1) or 527		If "No,"	attach a list.	(see instruc	tions)	
J_	Websi	te 🕨	N/A				H(c) Group	exemption nu	mber 🕨		
K	Form o	of organi	zation	Corporation X Trust Association	Other >	L Year of forma	ation 2009	M State	of legal do	micile	DE
Pa	rt I	Sur	nmary								
	1	Briefly	descrit	e the organization's mission or most signific	cant activities						
	١.			KING, RESEARCH, ANALYZE,		PUBLICLY AV	VAILABLE	:			
9				USEFUL AND BENEFICIAL TO							
ā				ENT OF FREE MARKETS, LIBE							
Ver	,			if the organization discontinued							
Activities & Governance	1			<del></del>		i more man 25% (	JI IIS HEL ass	1 1			1
<b>45</b>	1			ing members of the governing body (Part V		· · · · · · · · ·		. 3			
ţį.	1			ependent voting members of the governing		. <b></b> .		. 4			
:	5	Total r	number	of employees (Part V, line 2a)				5			4
¥	6	Total r	number	of volunteers (estimate if necessary)				. 6			
	7 a	Total g	ross ur	related business revenue from Part VIII, co	lumn (C), line 12			7a			,082.
	b	Net un	related	business taxable income from Form 9 <del>90-T,</del>	Ime 34_ CTIVE D	<del></del>		7ь		44	,639.
					KECEIVED		Prior Ye	ear	Curi	rent Ye	ear
Revenue	8	Contri	butions	and grants (Part VIII, line 1h)		70			3,	370	,000.
				ce revenue (Part VIII, line 2g)		SS · · ·		ĺ			0.
9				come (Part VIII, column (A), lines 3, 4, and	. MAY 2.3 2011 · ·			i	38,	902	,996.
œ	,			(Part VIII, column (A), lines 5, 6d, 8c, 9c,		7.霂Ⅰ	<del></del>				,082.
				- add lines 8 through 11 (must equal Part \		· • <del>-</del>	-	<del> </del>	42		,078.
	T			nılar amounts paid (Part IX, column (A), lini		<del>' : : : :   - :</del>					,000.
	1			. ,		· · · · · · -			· · · · ·	333	, 000.
	•		•	o or for members (Part IX, column (A), line			<del></del>			200	
es	15			compensation, employee benefits (Part IX						288	<u>,949.</u>
Expenses	16 a			undraising fees (Part IX, column (A), line 11							0.
쏬	b			ng expenses, Part IX, column (D), line 25)	·						
_	17			es (Part IX, column (A), lines 11a-11d, 11f-2					1,	130	<u>,313.</u>
	18	Total 6	expense	s Add lines 13-17 (must equal Part IX, colo	ımn (A), line 25)						<u>,262.</u>
	19	Reven	ue less	expenses Subtract line 18 from line 12	<u> </u>				34,	961	,816.
or							Beginning o	of Year	End	of Ye	ar
sets alan	20	Total a	assets (	Part X, line 16)					34,	966	,316.
Ass	21			(Part X, line 26)							,500.
Ę,Ę	22			fund balances Subtract line 21 from line 20	. <b></b>				34,		.816.
Pa	rt II			Block							
		<del></del>		s of perjury I declare that I have examined	his satura includina sasamas			and to th			
				is true correct, and complete Declaration of							
6	ign	١.	ומ'	Via O b West			15	/13/1	1		
	ere		Signatur	of officer			Davis	<u> </u>			
- 11	CIC	'	IAA I	1111-1 11 1105	Tours		Don				
			PPIC	HAEL O. HARIZ,	TRUSTEE						
		"	ype or	annt name and title	.1=:,	15:					
Pald	ı	Prepa		MNV S L	Date	Check if self-		Preparer's (see instru		numbe	: <b>Г</b>
		signa	ture	1. M 4/-	5/16/11	employed	<b>▶</b>				
	oarer's		name (c				EIN	▶			
use	Only		employe ss, and a	P+4 201 N. ILLINOIS STR	ET INDIANAPOLIS,	IN 46204	Phone no	<b>▶</b> 3	17.38	3.40	00
May	the IF			return with the preparer shown above? (see							X No
<u> </u>				serverk Reduction Act Notice see the ser	, , , , , , , ,	· · · · · · · · ·	<u> </u>				7 1 140

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13 20

Forn	990 (200	9)	36-7519719	Page 2
	rt III	Statement of Program Service Acco	omplishments	
1		describe the organization's mission.  MAKING, RESEARCH, ANALYZ	ZE, REPORT ON, MAKE PUBLICLY AVAILABLE	
			TO THE COMMUNITY, WHICH FOCUS ON THE	
			LIBERTY AND INDIVIDUAL FREEDOMS.	
2	Did the	organization undertake any signific	cant program services during the year which were not listed on	
	the prior If "Yes,"	r Form 990 or 990-EZ?	Yes edule O	X No
3	services	s?	make significant changes in how it conducts, any program  Yes	X No
4	Describ Section	501(c)(3) and 501(c)(4) organization	for each of the organization's three largest program services by expenses. as and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocatio	ons to others, the total expenses, and	d revenue, if any, for each program service reported.	
4a	(Code. GRANT		, <sub>233</sub> including grants of \$	)
			PROJECTS THAT INCREASE THE PUBLIC'S	
		NESS ON POLICIES THAT FOC TS, LIBERTY AND INDIVIDUA	CUS ON THE ADVANCEMENT OF FREE	
	MAKKE	13, LIBERTI AND INDIVIDUA	IL FREEDOMS.	
		**************************************		
				***************************************
4b	THE P	TION ON GOVERNMENT SPENDI UBLIC ON VARIOUS GOVERNME		)
4c	(Code _	) (Expenses\$	including grants of \$) (Revenue \$	)
4d	Other pr	rogram services (Describe in Schedul	le O )	
	(Expens	es \$ including grant	s of \$ ) (Revenue \$ )	
4e	Total pr	ogram service expenses	7, 683, 658.	90 (2009)

Part I	Checklist of Required Schedules			
			Yes	No
<b>1</b> ls	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
c	complete Schedule A	1		Х
2 l:	s the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	andidates for public office? If "Yes," complete Schedule C, Part I	3		х
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	<u>`</u>		
	obtice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		х
	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	he right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	he environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	•		
	complete Schedule D, Part III	8		х
	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	(, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	juasi-endowments? If" Yes,"complete Schedule D, Part V	10		х
	s the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	/II, VIII, IX, or X as applicable	11	х	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
	Old the organization report an amount for investments—other-secunties in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	Old the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Old the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	eported in Part X, line 16? If "Yes,"complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
ti	ne organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
<b>12</b> [	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12		Х
	Vas the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			
H	f "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a 🛭	Old the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
b	ousiness, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15 C	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
o	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16 E	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
te	o individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17 C	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
o	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18 E	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes, "complete Schedule G, Part II	18		х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			-
	f "Yes, "complete Schedule G, Part III	19		х
	Old the organization operate one or more hospitals? If "Yes," complete Schedule H			Х

` Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2-7-0	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to question 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			-
C	to defease any tax-exempt bonds?	24c		
-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25a		х
1.	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	254		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	256		Х
	990-EZ? If "Yes," complete Schedule L, Part I	25b		^
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26		v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			v
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
_	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
			000	

The Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	
U.S. Information Returns Enter -0- if not applicable  b. Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  c. Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  2a. 4  b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b. If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts  5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c. If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c. 6a. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 Organization solicit any contributions that were not tax deductible?  8 Dif "Yes," did the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? on the value of the goods or serv	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 4 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country.  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c if "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c Toganization solicit any contributions that were not tax deductible?  5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts wer	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country:  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction?  5c If "Yes," to question 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c Does the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	
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Statements, filed for the calendar year ending with or within the year covered by this return.    b   f at least one is reported on line 2a, did the organization file all required federal employment tax returns?     Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)   3a   Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	+-
required to file Form 8282?	┼
——————————————————————————————————————	
	X
d If "Yes," indicate the number of Forms 8282 filed during the year	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	v
benefit contract?	$\frac{x}{x}$
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f	+^
g · • · • · · · · · · · · · · · · · · ·	<del> </del> -
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	
	<del> </del>
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	1
organization, have excess business holdings at any time during the year?	
9 Sponsoring organizations maintaining donor advised funds.	+
a Did the organization make any taxable distributions under section 4966?	1
	+
b Did the organization make a distribution to a donor, donor advisor, or related person?	+-
````	
a Initiation fees and capital contributions included on Part VIII, line 12	
11 Section 501(c)(12) organizations. Enter	
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources against	
amounts due or received from them)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	
b If "Yes." enter the amount of tax-exempt interest received or accrued during the year   12b	

36-7519719

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	_ 6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8ь		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		Х
Sect	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?	10a		Х
ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11 A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	,		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a				
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		L
Seci	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	,, °		
	organization MICHAEL HARTZ 5810 KINGSTOWNE CENTER DRIVE, SUITE 142 ALEXANDRIA, V 708-366-7662	/A 2	2315	) 

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Form 990 (2009)

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

Check this box if the organization did not com	pensate ar	ny cur	rent	offi	icer,	direc	tor,	or trustee		
(A) Name and Title	(B) Average	Posit	ton (e		C) k all t	hat app	ıly)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAEL O HARTZ										
TRUSTEE	2.00	Х	<u> </u>					0.	. 0	0
GRETCHEN HAMEL		1				l				
PROGRAM LEADER	45.00			Х				50,000.	0	1,950

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(A)	(A) (B) (C)  Name and title Average Position (check all that apply)			(D) (E) Reportable Reports		le	(F) Estimated						
rvanie and une	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		compensate from relate organizatio (W-2/1099-M	ion ed ons	ami comp fro orga and	ount of other ensation in the nization related nizations	
	_										-		
											·		
1b Total							▶	50,000.		0.		1,950	0
2 Total number of individuals (including but not lin reportable compensation from the organization		se liste					cen	ved more than \$100	,000 in				
												Yes No	0
3 Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler and the scheduler of the sche									compensat	ted	3	X	ζ
4 For any individual listed on line 1a, is the the organization and related organizations													
<ul><li>individual</li></ul>											4	X	-
services rendered to the organization? If "Yes"  Section B Independent Contractors											5	X	<u>:</u>
Complete this table for your five highest compensation from the organization	compensat	ed ir	dep	enc	dent	con	trac	ctors that received	d more than	\$100	0,000	of	
(A) Name and business add	ress							(B) Description of ser	vices		(C) ompens	ation	
THE TARRANCE GROUP, INC ALEXANDRI	A, VA 2	2314					1	CONSULTING				7,617.	_
PLRC GROUP LLC WARRENTOWN, VA 201			•			-	(	CONSULTING			380	0,000.	_
							#						_
Total number of independent contractors (if more than \$100,000 in compensation from the contractors)				nite	d to	_	se	listed above) who	received	<del></del>			
more than \$100,000 in compensation from th	e organizai	uUΠ	_			2							_

Page 9

Par	t VIII	Statement of Revenue			36-7519719		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c	Federated campaigns 1a  Membership dues 1b  Fundraising events					
tions, gi r sımila	d e f	Related organizations 1d  Government grants (contributions) 1e  All other contributions, gifts, grants,		:			!
ontribu	g	and similar amounts not included above . If  Noncash contributions included in lines 1a-1f \$	3,370,000.				
<u> </u>	h	Total Add lines 1a-1f	<u> </u>	3,370,000			
ne			Business Code				
Program Service Revenue	2a b						
5	c						_
ě	d						
8							
jra							
ĕ	, ,	All other program service revenue					
<u>d</u>	<u>g</u> 3	Total. Add lines 2a-2f	t, and	38,902,996			30,002,006
							38,902,996
	4	Income from investment of tax-exempt bond pro		0			
	5	Royalties · · · · · · · · · · · · · · · · · · ·	▶ (ıı) Personal	<u> </u>			
		(i) Redi	(II) Personal				
	6a	Gross Rents					1
	b	Less rental expenses					;
	c	Rental income or (loss)			4-		ļ ,
	d	Net rental income or (loss)		<b>o</b>			
	7a	Gross amount from sales of (i) Securities	(II) Other				٠
	b	Less cost or other basis					
		and sales expenses					;
	d	Gain or (loss)		0			,
venue	8a	Gross income from fundraising events (not including \$		ı.			
Ó		of contributions reported on line 1c) See Part IV, line 18					
Other R	ь	Less direct expenses b					
ਨੋ	С	Net income or (loss) from fundraising events .	>	0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b c	Less direct expenses b  Net income or (loss) from gaming activities		ე			
	10a	Gross sales of inventory, less returns and allowances a					
		Less cost of goods sold b  Net income or (loss) from sales of inventory		<u>.</u> 3			
		Miscellaneous Revenue	Business Code				
	11a	K-1 INCOME	900099	47,082		47,082	
	ь	OTHER INCOME	900099	400,000			400,000
	-		,				1 200,000
	9	All other revenue				· · · · · · · · · · · · · · · · · · ·	
	d	Total. Add lines 11a-11d		941,782		İ	
	e 12					47.000	30 300 005
	1.2	Total Revenue. See instructions		42, '20, 6 '8	L	47,082.	39,302,996

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete		(B)	(C)	(D)
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	6,339,000.	6,339,000.		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
3	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
	_	0.			<del>.</del>
4	Benefits paid to or for members	0.			<del></del>
5	Compensation of current officers, directors, trustees, and key employees	112,500.	109,125.	3,375.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	145,911.	141,534.	4,377.	
8	Pension plan contributions (include section 401(k)				
-	and section 403(b) employer contributions)	0.			
9	Other employee benefits	8,479.	8,225.	254.	
10	Payroll taxes	22,059.	21,397.	662.	
11	Fees for services (non-employees)				
	Management	0.			
	Legal	17,156.		17,156.	
	Accounting	44,094.		44,094.	
	Lobbying	0.		11,0011	
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	0.			
	Other	829,164.	829,164.		
12	Advertising and promotion	61,466.	61,466.		
13	Office expenses	34,782.	33,739.	1,043.	
14	Information technology	450.	436.	14.	
15		0.			
16	Royalties	105,898.	102,721.	3,177.	
17	Travel	16,649.	16,649.	3,2	
18					
10	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
40	· · · · · · · · · · · · · · · · · · ·	1,712.	1,712.		
19	Conferences, conventions, and meetings	0.	1, 114.		
20	Interest	0.			<del></del>
21	Payments to affiliates	10,604.	10,286.	318.	
22	Depreciation, depletion, and amortization	3,167.	3,072.	95.	·
23	Insurance	3,107.	3,072.	95.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together	1			
	and labeled miscellaneous may not exceed	Į.			
	5% of total expenses shown on line 25 below )		}		
а	MISCELLANEOUS	5,171.	5,132.	39.	
b					
С					
d					
е					
f	All other expenses				
	Total functional expenses. Add lines 1 through 24f	7,758,262.	7,683,658.	74,604.	
	Joint Costs. Check here If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance Sheet	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing		1	34,845,330
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	·-··
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees Complete Part II of			
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		1 1	
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
Assets 8	Notes and loans receivable, net		7	
8   8	Inventories for sale or use		8	
<b>~</b>   9	Prepaid expenses and deferred charges		9	1,001
10 a	Land, buildings, and equipment cost or 10a 91,297.			
	other basis. Complete Part VI of Schedule D		1	
l b	Less accumulated depreciation		10c	80,693
11	Investments - publicly traded securities		11	
12	Investments - other securities See Part IV, line 11	·	12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	39,292
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	34,966,316
17	Accounts payable and accrued expenses		17	4,500
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
ဖူ့ 21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
≝ 22	Payables to current and former officers, directors, trustees, key			
Liabilities 22	employees, highest compensated employees, and disqualified			
دُّ	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	· · ·	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	•
26	Total liabilities. Add lines 17 through 25		26	4,500
	Organizations that follow SFAS 117, check here ► X and			
Ses	complete lines 27 through 29, and lines 33 and 34.		27	34,961,816
E 28	Unrestricted net assets		28	34, 301, 010
B 29	Temporarily restricted net assets  Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here		29	
Net Assets or Fund Balan 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	and complete lines 30 through 34.			
<b>နှာ</b> 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<b>8</b> 32	Retained earnings, endowment, accumulated income, or other funds		32	
를 33	Total net assets or fund balances		33	34,961,816
<sup>-</sup>  34	Total liabilities and net assets/fund balances		34	34,966,316

For	n 990 (2009)		Pa	age 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Ī
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			ļ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	<u> </u>	X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	<u> </u>	<u> </u>

Form **990** (2009)

# SCHEDULE D '(Form 990)

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990 ► See separate instructions.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

TC4	TRUST		36-7519719
Par	Organizations Maintaining Donor Adv the organization answered "Yes" to For	ised Funds or Other Similar Funds or m 990, Part IV, line 6.	AccountsComplete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor adv	isors in writing that the assets held in donor a	advised
•	funds are the organization's property, subject to the	=	Yes No
6	Did the organization inform all grantees, donors, and	<u> </u>	
-	used only for charitable purposes and not for the ber		
	purpose conferring impermissible private benefit?		
Pai	Conservation Easements. Complete if	the organization answered "Yes" to Fori	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (e.g., recrea	tion or pleasure) Preservation of a	an historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held	f a qualified conservation contribution in the fo	orm of a conservation
	easement on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified his	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated b	y the organization during
	the tax year		
4	Number of states where property subject to conserva		
5	Does the organization have a written policy regarding		1 1 1
_	violations, and enforcement of the conservation ease		
6	Staff and volunteer hours devoted to monitoring, insp	pecting, and enforcing conservation easemen	its during the year
-	A		
7	Amount of expenses incurred in monitoring, inspecting	ng, and enforcing conservation easements of	uring the year
_	Dana and annual sand as line (	O(d) about action the requirements of accion	
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports of		
9	balance sheet, and include, if applicable, the text of		
	the organization's accounting for conservation easer	=	mements that describes
Pai	t III Organizations Maintaining Collections		r Similar Assets.
	Complete if the organization answered		
1a	If the organization elected, as permitted under S	FAS 116, not to report in its revenue sta	stement and balance sheet works of
	If the organization elected, as permitted under Sart, historical treasures, or other similar assets he	ld for public exhibition, education, or resear	arch in furtherance of public service,
L	provide, in Part XIV, the text of the footnote to its fi		
b	If the organization elected, as permitted under S historical treasures, or other similar assets held		
	provide the following amounts relating to these iter		in in familiarity of pasing solving,
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of a		
	following amounts required to be reported under S		
а	Revenues included in Form 990, Part VIII, line 1 .		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2009

Par	t III Organizations Maintaini	ng Collectio	ns of Art, Histo	orical Treasure	s, or Other Similar	Assets(continued)
_	At the standard section				fallance without one a sec	
3	Using the organization's acquisition,		na otner recoras,	cneck any of the	following that are a sig	inilicant use of its
	collection items (check all that apply	):	_	٦.		
а	Public exhibition		d	=	change programs	
b	Scholarly research		e	Other		
С	Preservation for future gen					
4	Provide a description of the organiza	ation's collect	ions and explain l	how they further t	he organization's exem	npt purpose in
	Part XIV					
5	During the year, did the organization					
	assets to be sold to raise funds rathe					
Par	t IV Escrow and Custodial A IV, line 9, or reported an a				answered "Yes" to	Form 990, Part
1a	Is the organization an agent, trustee	, custo dian o	r other intermedia	ry for contribution	ns or other assets not	
	included on Form 990, Part X?			-		Yes No
b	If "Yes," explain the arrangement in	Part XI V and	complete the folio	wing table		
_	, ,		•	· ·	A	mount
С	Beginning balance				1c	
ď	Additions during the year				1d	
e	Distributions during the year					
f	Ending balance					
	Did the organization include an amor					Yes No
	If "Yes," explain the arrangement in		,			
	t V Endowment Funds. Com		nization answei	red "Yes" to Fo	rm 990. Part IV. line	10
		(a) Current Ye				
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains,					
-	and losses					
d	Grants or scholarships			-		
	Other expenditures for facilities .					
•	and programs					ł
f	Administrative expenses		<del></del>			
	End of year balance		<del></del>			
g 2	Provide the estimated percentage of	the v ear en	halance held as		l	
	Board designated or quasi-endowne		%			
a b	Permanent endowment	%				
		<del></del>				
3 a	Are there endowment funds not in the		n of the organizat	tion that are hold	and administered for th	20
Ja		ie pos sessio	in or the organizar	uon triat are rielu	and administered for tr	Yes No
	organization by  (i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
h	If "Yes" to 3a(ii), are the related organizations		od ac required on	Schodulo D2		3b
4	Describe in Part XIV the intended us					
Par					t Y line 10	
Par						(0.5
	Description of investment	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	· · · · ·				
b	Buildings	· · · · <u> </u>				
С	Leasehold improvements		<del></del>			
d	Equipment		<u></u> -	91,2	97. 10,604	80,693.
_ е	Other		<u> </u>	<u></u>		
Tota	I. Add lines 1a through 1e (Column	(d) must equa	I Form 990, Part.	X, column (B), lın	e 10(c).) ▶	80,693.
						Cabadula D (Farm 000) 2000

Part VII Investments Other Securities Se	e Form 990 Part X II	ne 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end of year₁market value
Financial derivatives		
Closely held equity interests		
Other		
	· <del> </del>	
	<u> </u>	
T tal (Col m (b) m t q I Fo m 990 Part X ol (B) I ne 12)	<b>&gt;</b>	Will de Sandra I i i i
Part VIII Investments Program Related S		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Bosonpaon of invocations typo	(a) Book value	Cost or end of year market value
	· · · · · · · · · · · · · · · · · · ·	
T t I (Col m (b) m st equ I Form 990 Part X col (B) line 13)	<b>&gt;</b>	The same of the sa
Part IX Other Assets See Form 990 Part	X line 15	
	(a) Description	(b) Book value
	<del> </del>	
<del></del>		
T. (.) (.) (.) (.) (.) (.) (.) (.) (.) (.		
Total (Colum (b) m st q al F rm 990 Part X   (B)   e 15)	art V line 2E	<b>&gt;</b>
Other Liabilities See Form 990 Pa  1 (a) Description of liability		The same and the s
	(b) Amount	
Federal income taxes		
		The same of the sa
Total (Column (b) must equal Form 990, Part X, col. (8) line 25.)		

 ${f 2}$  FIN 48 Footnote In Part XIV provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedule D (Form 990) 2009 36-7519719 Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements Part XI Total revenue (Form 990, Part VIII, column (A), line 12) 2 Total expenses (Form 990, Part IX, column (A), line 25) 3 Excess or (deficit) for the year Subtract line 2 from line 1 3 Net unrealized gains (losses) on investments 4 5 ĸ 6 7 7 Other (Describe in Part XIV ) 8 Total adjustments (net). Add lines 4 through 8 9 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 ..... 10 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part VIII, line 12: a Net unrealized gains on investments 3 Amounts included on Form 990, Part VIII, line 12, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b c Add lines 4a and 4b ..... Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses d Other (Describe in Part XIV ) e Add lines 2a through 2d 2e Amounts included on Form 990, Part IX, line 25, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIV) c Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

Schedule D (Form 990) 2009

Part XIV Supplemental Information (continued)

### SCHEDULE I (Form 990)

## Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

20**09** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Name of the organization						Employer identificati	on number	
TC4 TRUST						36-7519719		
Part I General Information on Grants	and Assista	nce						
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol>	ints or assistar	ce?					X Yes No	
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisel, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
OPY, N.L. PHOENIX, AZ 85085	80-0549969	501 (C) (4)	3,839,000				GEN OPERATING	
ARLINGTON, VA 22201	2/-2005005	501 (C) (4)	2,500,000				GEN OPERATING	
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations</li></ul>	_	_				<b>&gt;</b>	<u>0</u>	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Part III Grants and Other Assistance t Use Part IV and Schedule I-1 (F				organization answered	"Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		-			
		-			
Part IV Supplemental Information. Co	mplete this part to	provide the info	rmation required	ın Part I line 2 and anv	other additional information
MONITORING USE OF GRANT FUNDS	p.e.e i.i.e part te	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
ORM 990, SCHEDULE I, PART I, L	TNF 2				
		IDDADE BACK		TRAIM	
RANTS ARE MADE ONLY FOR GENERA					
S REQUIRED TO SIGN A GRANT AGR	EEMENT, WHICH	AMONG OTHER	THINGS, REQU	IRES	
THE GRANT RECIPIENT TO EXPEND FO	UNDS EXCLUSIVE	CLY IN FURTH	ERANCE OF THE		
RECIPIENT ORGANIZATION'S CODE SI	ECTION 501(C)	(4) PURPOSES	<b></b>		
			· -		
					6-b-d-1-1/F 000\ 1

#### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
TC4 TRUST

Employer identification number

36-7519719 ATTACHMENT 1

GOVERNING BODY AND MANAGEMENT

FORM 990, PART VI, SECTION A

LINE 7A & 7B

IN ADDITION TO THE EXISTING TC4 TRUSTEE HAVING THE ABILITY TO ELECT A SUCCESSOR TRUSTEE, A SEPARATE TRUST HAS THE POWER TO REMOVE THE EXISTING TRUSTEE AND REPLACE THE TRUSTEE WITH ANOTHER TRUSTEE SUBJECT TO CERTAIN LIMITATIONS.

POLICIES

FORM 990, PART VI, SECTION B, LINE 11A

AN INDEPENDENT ACCOUNTING FIRM PREPARED AND REVIEWED THE FORM 990. A FULL DRAFT OF THE 990 ALONG WITH REQUIRED SCHEDULES WAS THEN PROVIDED TO THE TRUSTEE FOR REVIEW PRIOR TO FILING WITH THE IRS.

DISCLOSURE

FORM 990, PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS (I.E. TRUST AGREEMENT) THAT WERE FILED WITH FORM 1024 WITH THE IRS ARE AVAILABLE TO THE PUBLIC FOR INSPECTION. THE FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.

FORM 990, PART VIII - INVESTMENT INCOME

ATTACHMENT 2

•			· • • • • • • • • • • • • • • • • • • •		
Schedule O (Form 990) 2009				Page 2	
Name of the organization	Employer identification	Employer identification number			
TC4 TRUST			36-7519719		
			ATTACHMENT 2 (C	CONT'D)	
FORM 990, PART VIII - INVEST	MENT INCOME				
	(A)	(B)	(C)	(D)	
	TOTAL	RELATED OR	UNRELATED	EXCLUDED	
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE	
INTEREST INCOME	78.			78.	
K-1 INVESTMENT INCOME	38,902,918			38,902,918	
TOTALS	38,902,996			38,902,996_	